

13049 U.S. PTO  
08/01/03

# UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Attorney Docket No.  
024.0002

EXPRESS MAIL #EU187760141US

## TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of ( ) application identifier or (X) first named inventor, Alan Zachary Ullman, entitled, for a(n):

METHODS AND APPARATUS FOR REGENERATING FUELS IN A SOLID GENERATOR CHEMICAL OXYGEN IODINE LASER

(X) Original Patent Application.

( ) Continuing Application (prior application not abandoned):

( ) Continuation ( ) Divisional ( ) Continuation-in-part (CIP)  
of prior application No: \_\_\_\_\_ Filed on: \_\_\_\_\_

( ) A statement claiming priority under 35 USC § 120 has been added to the specification.

Enclosed are:

(X) Specification: 11 Total Pages.

(X) Claims: 5 Total Pages.

(X) Abstract: 1 Total Pages.

(X) Formal Drawing(s): 3 Total Sheets.

( ) Informal Drawing(s): \_\_\_\_\_ Total Sheets.

(X) Oath or Declaration:

(X) A Newly Executed Combined Declaration and Power of Attorney:

(X) Signed.

( ) Unsigned.

( ) Partially Signed.

( ) A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).

( ) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference.

( ) Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).

( ) Power of Attorney.

( ) Associate Power of Attorney.

(X) A Check # 2115 in the amount of \$1294.00 for the Fees associated with this filing.

( ) Preliminary Amendment.

( ) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.

( ) A Certified Copy of Priority Documents (if foreign priority is claimed).

(X) Information Disclosure Statement, Form PTO/SB/08A, and 3 references cited.

(X) Return Receipt Postcard.

(X) Assignment and Recordation Cover Sheet.

( ) Other: \_\_\_\_\_

CLAIMS AS FILED				
FOR	NO. FILED	NO. EXTRA	RATE	FEE
Total Claims	34	14	\$18.00	\$252.00
Independent Claims	6	3	\$84.00	\$252.00
Multiple Dependent Claims (if applicable)				\$0
Assignment Recording Fee				\$40.00
Basic Filing Fee				\$750.00
Total Filing Fee				\$1294.00

Charge \$ 0 to Deposit Account 50-2091 pursuant to 37 CFR § 1.25. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 50 -2091.

Respectfully submitted,

By:

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Date:

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